

## **FIJI**

Prepared October 2000

1. **Per USCINCPACINST 6200.2:** Commanders are responsible for an effective Force Health Protection Plan for personnel deploying to locations within the USCP AOR, ensuring implementation of the Plan, for appointing a FHP Officer and assistant who will serve as the Commander's focal point for the planning, coordination, and execution of "real world" force health protection planning for a specific deployment. This is applicable to all assigned and attached personnel, all Department of Defense personnel performing official duties within locations in the AOR, and all U.S. contractor personnel employed directly by the DOD in locations in the AOR.

2. **FHP Planning must include the following elements:**

a. **Health Threat Assessment.** This assessment must evaluate known and anticipated health threats/hazards (including endemic diseases, injuries, industrial toxins, and climatic extremes) and the appropriate countermeasures to be taken for each. The following diseases are important causes of diseases:

**Insect-borne illness:**

Filariasis is prevalent, Dengue fever and Dengue hemorrhagic fever occur.

**Food-borne and water-borne illness:**

Diarrheal illnesses, typhoid fever, hepatitis A, helminthic infections. Biointoxication may occur from raw or cooked fish and shellfish.

**Other illnesses:**

Influenza risk extends throughout the year.

b. **Health Record and Readiness Screening.** Performed prior to deployment. Items identified for screening include: immunizations, HIV testing, TB skin testing, DNA sample on file, current physical exam, dental class I or II, prescription medications on hand, extra pair of eye glasses/contacts, and unresolved health problems (i.e., P-4 profile, limited duty, pregnancy, mental health, etc.) which could disqualify the Service member for deployment.

c. **Updated immunization record:** Service members should have a copy of the updated immunization record.

d. **Health Threat Briefing.** Must be performed prior to deployment. Attendance must be documented. Minimum contents of a Health Threat Briefing for Fiji include the following material:

(1) **Immunizations.**

(a) **Routine immunizations:** All routine immunizations must be up to date for personnel on deployable or mobility status (tetanus booster, Hepatitis A, Hepatitis B (if indicated), typhoid, MMR, polio, influenza, yellow fever)

(b) **Current influenza vaccine.** EVEN IF LOCAL FLU SEASON IS PAST AND NEW VACCINE IS NOT AVAILABLE YET.

(c) **Special immunizations:** None

(d) **Yellow Fever vaccination certificate** is required if coming from a Yellow Fever infected area.

(2) **Malaria and/or other Chemoprophylaxis: None**

(3) **Tuberculosis:** Tuberculosis exists throughout the country. All service members should have a PPD done (results must be recorded) within twelve months prior to deploying. A follow-up PPD should be done approximately 3 months after returning.

(4) **Personal Protective Measures.**

The most important personal protective measures against insect-borne diseases (dengue fever/dengue hemorrhagic fever and filariasis) are avoiding vector exposure as much as possible, and using appropriate insect repellent and properly worn permethrin-treated BDU or other treatable long-sleeve uniform.

(a) **Avoid exposure to mosquitoes, if possible.** Aedes species of mosquitoes, which transmit both dengue and filariasis, are primarily daytime feeders, and both urban and rural dwellers (indoors/outdoors).

(b) **33% extended-duration DEET** (NSN 6840-01-284-3982) or an equivalent should be applied to all exposed skin surfaces 30 minutes before potential exposure and should be reapplied every four to six hours, especially if there is significant sweating. When using both DEET and sunscreen, DEET should be applied approximately 30 minutes before the sunscreen. Be aware that the effectiveness of the sunscreen will be decreased by approximately 35% due to the inactivating effects of the DEET. For that reason, sunscreen with SPF 45 is recommended. Sunscreen should not be applied first since that may decrease the effectiveness of the DEET

(c) **Permethrin treatment of uniforms and bed nets** before departure (preferably with permethrin concentrate/compressed air sprayer technique, which lasts the life of the uniform).

- (d) **Sleep under a permethrin-treated bed net** with the edges tucked in under the bedding all around if not staying in closed, air-conditioned quarters.

**(5) Safe Food and Water.**

- (a) Wash hands before eating.
  - (b) If available consume only approved food and water.
- Otherwise:

- (c) Eat piping hot, freshly cooked food from reputable sources.
- (d) Eat no salads or fresh fruit/vegetables (except intact fruit which you wash and open yourself)
- (e) Eat no food from street vendors or stalls
- (f) Drink bottled or canned water/beverages only without ice cubes

**(6) Sexually transmitted diseases.** STDs are found in every area in the world and can be serious or FATAL (e.g., HIV, gonorrhea, hepatitis B).

(a) Abstinence is the only perfectly safe practice and is recommended.

(b) Barrier protection with latex condoms is the only other acceptable option (but can be just as dangerous in case of breakage).

**(7) Motor Vehicle and General Safety.**

(a) **Motor vehicle accidents** pose a great health risk for travelers. Seat belts and extreme caution in and around vehicles must be practiced.

(b) **General safety.** Exercise caution in ALL activities to avoid injury of any type. If you are seriously injured, there may be no option other than medical care in a facility where sterility of equipment and safety of blood products are far below those in the U.S.

**(8) Environmental Factors.**

(a) **Heat injury.** Climate is very hot and humid, making heat exhaustion and heat stroke more likely. Factors that increase heat injury risk include: alcohol consumption, skin trauma, diarrhea, certain medications, and poor physical conditioning. Necessary precautions include drinking water and other fluids frequently, on a schedule, to avoid dehydration; adhering to safe work-rest cycles during extreme conditions; and careful observation of teammates to detect warning signs of heat injury such as mental status changes and cessation of sweating.

b) **Sun injury.** Sun exposure can be intense. Sun glasses, wide-brimmed hats, long sleeves and trousers, and liberal use of sunscreen (SPF 30 or greater) and lip balm are recommended precautions. Sunscreen should be applied to all sun-exposed skin (especially if taking Doxycycline) approximately 30 minutes after applying DEET.

(c) **Environmental and industrial pollution.** This can be significant, especially in the larger cities. Personnel with underlying respiratory conditions, such as asthma, may experience difficulty.

**(9) Hazardous Plants and Animals.**

(a) **Animal bites:** Fiji is rabies free. However, animal bites of any type should be thoroughly cleansed with soap and water and evaluated by a competent healthcare provider.

(b) **Snakes:** There are no venomous snakes in Fiji.

(c) **Dangerous marine life:** Venomous marine life residing in the waters around Fiji include: Stone fish, Lion fish, stinging jelly fish, and sea snakes. Their sting may be potentially life-threatening. Antivenom exists but may be difficult to locate expediently.

**(10) Personal Health and Fitness.** Try as much as possible to maintain a healthful regimen of hygiene and fitness. Regular bathing and frequent changes of undergarments, including socks, are important. When exercising outdoors, be aware that shorts and tank tops will make you more susceptible to diseases carried by mosquitoes and other insects. Apply DEET repellent to exposed skin prior to exercising outdoors.

**(11) Other comments.** Fiji is a group of islands in the South Pacific. Its climate is warm and humid with temperatures ranging from high 60s °F in winter to the low 90s in summer, with humidity 90% or higher. The cool dry winter season falls between May and October; the wet summer season lasts from December to March.

On September 15, 2000 an improvised explosive device was found and disarmed at a popular hotel frequented by foreign travelers in Suva. Three improvised explosive devices exploded in Suva in August 1999. American citizens traveling to Fiji should exercise caution, be alert to suspicious or unclaimed packages, keep a low profile, and avoid large crowds and potential demonstration sites.

The new military-backed government of Fiji has taken significant steps to restore order following the recent political crisis and associated civil unrest; however, sporadic incidents continue, and Americans are urged to maintain a high level of caution and security awareness. Travel to rural areas of the islands of Vanua Levu and Viti Levu should be avoided, particularly at night. Obtain the latest State Department advisory and Consular Information Sheet prior to travel at <http://travel.state.gov>).

(12) **Assistance** with Health Threat Assessments, Health Threat Briefings, and countermeasures planning can be obtained from the following sources:

- a. Health Promotion and Preventive Medicine Department, Tripler Army Medical Center, phone (DSN or 808)433-6693
- b. Pacific Air Forces Public Health Officer, Hickam Air Force Base, phone (DSN or 808)449-2332, x269
- c. Epidemiology Department, Navy Environmental and Preventive Medicine Unit 6, phone (DSN or 808)473-0555; email: [epi@nepmu6.med.navy.mil](mailto:epi@nepmu6.med.navy.mil)